



**Utah Department of Health Patient Safety Sentinel Event Reporting Form**  
*Part I of this report is due to UDOH within 72 hours of determination of event  
but no later than 4 hours prior to convening a root cause analysis*  
**Phone number: (801) 538-7024, Fax number: (801) 538-7053**

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This information is protected from public disclosure under Utah Cod Ann. 26-3-7 and 8

R380. Health, Administration

R380-200. Patient Safety Sentinel Event Reporting.

R380-200-3. Reporting of Patient Safety Sentinel Events.

- (1) Each facility (general acute hospital, critical access hospital, ambulatory surgical center, or specialty hospital) shall report to the Department all patient safety sentinel events.
- (2) Patient safety sentinel events include:
  - (a) all deaths that occur at the facility and that are directly related to any clinical service or process provided to a patient for which the patient at the time of death:
    - (i) was not subject to a "do not resuscitate order";
    - (ii) was not in a critical care unit, except where the patient is transferred to a critical care unit as a consequence of a patient safety sentinel event that occurs elsewhere in the facility;
    - (iii) was not in the emergency room or operating room having presented in the last 24 hours with a Glasgow score of 9 or lower;
  - (b) events that occur in the facility and that are directly related to any clinical service or process provided to a patient that resulted in :
    - (i) surgery on the wrong patient or body part;
    - (ii) suicide of a patient; or
    - (iii) major loss of physical or mental function not related to the natural course of the patient's illness or underlying condition; and
  - (c) events that occur in the facility and that are not directly related to clinical services provided to a patient and which results in an alleged:
    - (i) patient abduction;
    - (ii) discharge of an infant to the wrong family;
    - (iii) rape of a patient;
    - (iv) intentional injury to a patient, whether by staff or others; or
    - (v) suicide of a patient.

***Part I ( May attach internal form to avoid duplication of effort)***

Please do not submit patient name

Patient's Age	Patient's Gender	Admitting Diagnosis

**All Current or Discharge Diagnoses:**


**Name, title, and contact information of person submitting report (phone and email):**

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**Name, title, and contact information of root cause analysis lead staff (if different from above):**

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Name of Hospital Reporting	Date of Event	Date of Detection*	Date of This Report

\*Date of Detection is the date the event was identified by the facility as a patient safety sentinel event.

Location of event within Hospital (unit, ward, floor, etc)	
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**Narrative Description of Sentinel Event (3-5 Sentences)****Part II**

**Submit following upon completion of root cause analysis and send to UDOH**

*Please do not submit patient name*

**Findings:****Action Plan Steps:**

**Please submit to UDOH at 801-538-7053 (fax) or email to Iona Thraen at**

**ithraen@utah.gov or call 801- 538-7024**

**Or mail to: Patient Safety Initiative c/o Iona M. Thraen**

**Utah Department of Health**

**288 North 1460 West**

**P.O. Box 142002**

**Salt Lake City, UT 84114-2002**